



INDIVIDUAL PARTIAL IN-SERVICE CREDIT

Name of Officer: _____ SS#: _____
(Last) (First) (M.I.)

Agency: _____
(Agency Telephone #) (Agency Fax #)

Requested by: _____
(Signature of Agency Administrator) (Title)

PART A: COURSE INFORMATION

Course Title: _____

Course Dates From: _____ To: _____

Course Location: _____

Course Sponsor: _____

Hours of Training Received: _____

I certify that the above individual successfully completed the named training for the hours of training indicated.

Signature of Officer Attending Training Date

Typed or Printed Name of Course Coordinator

Signature of Course Coordinator Date

UPON COMPLETION OF PART A, SEND THIS FORM TO DCJS

PART B: FOR DCJS USE ONLY

Approved for: _____ Law Enforcement _____ Department of Corrections
_____ Jailor/Custodial Officer _____ Court Security/Process Server

Hours Approved: Legal: _____ Career Development/Elective: _____ Total Hours: _____

DCJS Staff Signature: _____ Date: _____